MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/ 584311	6-22-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		2					52						
3							53						
4							54						
5							55						
6							56						
7							57						
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38							88						
39							89						
40							90						
41		3					91						
42		3					92						
43		3					93						
44		3					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.			3			
TOTAL DEP.							TOTAL DEP.			48			
TOTAL CLAIMS							TOTAL CLAIMS			51			